PATENT



ATTORNEY DOCKET NO. CSHL.005.00US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re | applicat | tion of: Roberto Malinow, et al.) | Examiner: Weatherspoon, JNOV 2 3 1999 |
|--------|-----------|--|--|
| Serial | l No.: 09 |)9/193,221 | TECH CENTER 1600/2900 |
| Filed | : Novem | mber 16, 1998) | 7.000/2900 |
| _ | | OSTIC METHODS FOR DRUG G FOR ALZHEIMER'S DISEASE) | RANSMITTAL |
| | | er of Patents and Trademarks D.C. 20231 | |
| Sir: | | | |
| | Transı | smitted herewith are the following documents | s in the above-identified application. |
| | [X] | Small entity status of this Application under | er 37 CFR 1.9 and 1.27 has been |
| | | established by a Verified Declaration previous | iously submitted. |
| | [] | A Verified Declaration of Small Entity Sta | tus Under 37 CFR 1.9 and 1.27 is |
| | | enclosed. | |
| | [X] | Response to Office Action. | |
| | [] | Petition for Extension of Time (3 months). | |
| | Also e | enclosed: | |
| | [X] | Return postcard (postage prepaid). | |
| | | | |

CERTIFICATE OF FIRST CLASS MAILING

I hereby certify that correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231 on 12 / 19

Signed

Printed ____

JACOO ZWELL

The fees have been calculated as shown below:

| | | | | Sm | nall | Entity | <u>L</u> : | arge | Entity |
|--------|-------------------------------------|-------------------------|-------------|--------|------|------------|------------|------|--------|
| Claims | Remain <u>after</u> <u>Amend</u> | Highest No. Prev. Paid | Pres. Extra | Rate | | <u>Fee</u> | Rate | | Fee |
| Total: | 6 | 44 | | x \$9 | = | \$ | x \$18 | = | \$ |
| Indep: | | 9 | | x \$39 | = | \$ | x \$78 | = | \$ |

If Multiple dependent Claims

are used for the first time in this application, add \$130 (small entity) \$260 (large entity).

Total Additional Claims Fee:

\$0.00

| Extension of Time Fee | | Small Entity | Large Entity | | |
|-----------------------|--------------|--------------|--------------|--|--|
| [] | One Month | \$ 55 | \$ 110 | | |
| [] | Two Months | \$190 | \$ 380 | | |
| [X] | Three Months | \$435 | \$ 870 | | |
| [] | Four Months | \$680 | \$1360 | | |
| [] | Five Months | \$925 | \$1850 | | |

Extension of Time Fee

\$0.00

Other fees (list individually):

Total Other Fees:

\$0.00

TOTAL FEES: \$0.00

| [] A check including the amount of the above-indicated TOTAL FEES is attached |
|--|
|--|

- Please charge Deposit Account No. 18-0020 in the amount of \$_____.
- [] A check in the amount of \$435.00 is attached.
- [X] No fee is required.
- [X] <u>Conditional Petition for Extension of Time</u>: An extension of time is requested in the present and/or the above-referenced parent application to provide for timely filing <u>if</u> an extension of time is still required after all papers filed with this transmittal have been considered.

- [X] The Commissioner is hereby authorized to charge any underpayment of the following fees associated with this communication, including any necessary fees for extension of time, or credit any overpayment to Deposit Account No. 18-0020.
 - [X] Any filing fees under 37 CFR 1.16 including fees for the presentation of extra claims.
 - [X] Any parent application processing fees under 37 CFR 1.17.
- [X] A duplicate copy of this sheet is attached for accounting purposes.

Respectfully submitted,

Dated:

Bertram I. Rowland, Ph.D.

Reg. No. 20,015

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